#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) information carefully. The cof death clearly and legibly. wn limits, write/RURAL and give nearest town) How long in above place of death?.. Hospital, Institution, or street address where death occurred: How long in hospital or institution?.... 2.(a) If veteran, name war..... 3. (a) FULL NAME 6.(a) Single, married, widower causes ARGIN RESERVED FOR BINDING 2D. DATE OF DEATH. 7. Birth date of deceased (mo., day, yr.) K. Supply If less than one day 8. AGE: Years Days ......hrs. ADING INK Physicians: 9. Birthniace ... 10. Usual occupation. 11. Industry or business 12. Name. important. 13. Birthplace 14. Malden name Major findings of operations...... 15. Birthplace Date thereof. Accident, sulcide, or nomicide.... (month) (day) (yes Where did Injury occur? ...... Injured et home, farm, Industry, public place (three?) Means of Injury 18. Funeral director

(Date rec'd by registrar

28 SIGNATURE

(If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated that tattended deceased from DURATION (Include pregnancy within 3 months of death) Date of op. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Injured at work?



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Amelita	(For newborn Infants give residence of mother)		
City or town I someth ame	State Maryland County Somues Co		
(If outside city or town limits, write RURAL and give nearest town)	Bury Cours miles		
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:			
	Street No		
17 In I			
How long to hospital or institution?	2.(a) If veteran, name war		
WM. Thomas Bogn	3. (b) Social Security Number		
4. Sex peole 5. Color or race 6.(a) Single, married, widowed, or discount with the second sec	MEDICAL CERTIFICATION  20. DATE OF DEATH.  20. DATE OF DEATH.  21. 3 PM		
6.(b) Name of husband or wite	21. I CERTIFY that death cocurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) June - 16 - 1870	and that I last saw h		
8. AGE: Years Months Days It less than one daymin	A		
9. Birthplace (Town, cognity, and state)	. Due to		
10. Usual occupation	Oue to.		
11. Industry or business  12. Name	Other conditions Orless Activates		
14. Maiden name. May Sourence  15. Birthplace	(Include pregnancy within 8 months of death)  Major findings of operations.		
18. Interment le france Boymon	Autopsy results		
17. Orceanavel. Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cemetery or crematory Jz. O. A. A.	Where did injury occur? (City or town) (Connty) (State)		
Location Oncole	Injured at home, tarm, Industry, public place (where?)		
1B. Funeral director	Means of Injury tnjured at work?		
Address Princess lenne	23 SIGNATURE & Servelle		
19 (Date rec'd by registrar) 1945 Registrar	M, D. or other		



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

0633		/			
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Reg. Diat. No.

1. PLACE OF DE	2011	nerset	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the control o	F DECEASED:
How long in above pisce	Cri	sfield Rural mits, write RURAL and give nearest town) 1 WK death occurred:	State	nty Somerset On , write RURAL and give nearest town)
		dy Memorial Hospita	Street No. (If rural, give	
	r institution?		2.(a) If veteran, name war	
3. (a) FULL NAM	E.	William James Conn	or	3. (b) Social Security Number None
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Male	White	Married	20. DATE OF DEATH Sun. Jul	ne 3, 19 45 at 5 9 m
6.(b) Name of husband	or wife Ida M	lay Connor	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from
7. Birth date of	Dec 17	6.(c) If alive, give age 58 yesrs	and that I lest saw h. Man. alive on	19 11-
8. AGE: Years		Days   If less than one day  hrsmin.	Immediate cause of death	of heart DURATION
	975	mer	Due to Perstantis a	nd pendiesti
11. Industry or busines			Due to	
12. Name	Nath Mari	on Md	Other conditions Chronic M + Chronic Dat. M	exocarditi
	Eliz	za Jane Whittington	(Include pregnancy within 3 m	
14. Maiden name. 15. Birthplace	Mari	on Md		ntes gangrancus
16. Informant	Mrs	W J Connor	Antony results mone	
Address	Mari	on Md	PHYSICIAN: Please underline the cause to wh	ich death should be charged statistically.
17. Bur (Burial, cremation	St. Paul	Date thereof June 5 1945 (month) (day) (year)  s cemetery	Accident, suicide, or bomicide	Date of
Location	Marion	n M <b>d</b>	Injured st home, farm, Industry, public place (with	
18. Funeral director	John	A Bradshaw	Means of Injury	Injured at work?
Address	Crisí		22 CIONATIDE Leura BB	-11/11/20
19. (Date rec'd by re	gistrar) 19.4/5	Jurelia 7, ausor	23. SIGNATURE VENGE OF Address Works Address Works	M. D. or other  One of the signed M. A. 4445

RECEIVED
JUN 9 1945
BURRAU V.A.

VS A15

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#### MARYLAND STATE DEPARTMENT OF HEALTH

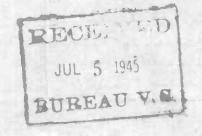
# CERTIFICATE OF DEATH

06335 Reg. Dist. No. 244

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Someast	State Maryland county Somerst
City or town	City or town (If outside city or town limits, write RURAL NEAR and give town)
Stay in hospital or inst. (yrs., or mos., or days)	(lf rural give LOCATION)
Stay in this community (yrs., or mos., or days)80_years	2(a) IF YETERAN, NAME WAR
3. (a) FULL NAME  Margaret Com Corbin	3. (b) Social Security Number
4. Sex  5. Color or race (a) Single, married, widowed, or divorced  White Widow	MEDICAL CERTIFICATION  20, DATE OF DEATH JAMES 1945, at 84 M
6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  2 7hrsmin.	Immediate cause of death Christic M. cart diseas DURATION
9. Birthplace Smith Island, Somernit, and state)	Due to Chronic replantis, arter 3 elosis
1D. Usual occupation — Housework	Oue toStrility
12. Name Jessie Evans 13. Birthplace Smith Island me	Other conditions
14. Maiden name Levina Bradshaw  15. Birthplace Sprith Island and	(Include pregnancy within 8 months of death)  Major findings:  Of operations  PHYSICIAN  Please underling the cause to while death should be charged statisti-
Address Crisfield And	Df autopsy cally.
(Burisl, cremation, or removal, Which?)  Date thereof func / 3 / 945  (month) (day) (year)	Accident, suicide, or homicide
Location Smith Island Mil	Where did injury occur?(City or town) (County) (State)  Injured et home, farm, industry, public place (where?)
18. Funeral director John a Brodshaw  Address  Crafield Wd	Means of Injury Injured at work?
19 Jame B 1945 Carrie Retching Registrar	23. SIGNATURE W.F. Address Earst Maryland Date signed 6-11-72

PORT OFF

2411 N. Cha	ATE OF DEATH
1. FLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street eddress where death occurred:  How long in hospital or institution?  3. (a) FULL NAME  4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorced  Tenals white Widowed, or divorced  Second Seco	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town. (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
deceased (mo., day, yr.)  8. AGE: Yeara   Months   Daya   It less than one day    9. Birthplace   (Jown, county, and state)    10. Uaual occupation   11. Industry or business   12. Name   13. Birthplace   14. Maiden name   14. Maiden name   15. Birthplace   15. Birthplace   15. Birthplace   15. Birthplace   16. Birthplace   16. Birthplace   17. Birthplace   18. Birthplace   19.	2D. DATE DF DEATH. 28 19.45 at 1:30P  21. ACERTIFY that death occurred on the date above stated; that I attended deceased from  19.45 to 28 19.45  and that I last saw h. C. alive on 27 19.42  Impediate cause of death DURATION  3.243
Address  17. (Burial, eremation, or removal, Whieh?)  Cemetery or crematory  Location  18. Funeral director  Address  19. (Date rec's by registrar)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide



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PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

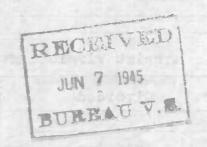
2411 N. Charles St., Baltimore (45-d)

# CERTIFICATE OF DEATH

Reg. Diat. No...

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		2	7 5 N	
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Hospital, Institution, or	SC	leath occurred	old URAL and give nearest town) 50 yrs	City or town (If outside city or town limit Street No	Somerset isfield ts, write RURAL and give neares	
3. (a) FULL NAM	E	Harri	let Virginia E	vans	3. (b) Social Security Nu	mber
4. Sex Female	5. Color or race White		e, married, widowed, or divorced		ERTIFICATION 19 XX	110:
		6.(6	e) If alive, give ageyear		145 to James	19 4 5
8. AGE: Years	?	Days	It less than one day hrs. min	Immediate cause of death		DURATION
9. Birthplace	House	county, and s	Somerset, Md.	Due to	jen	8 her
12. Name	Unkno	wn		Dther conditions	months of dash)	•••••
14. Maiden name.	11			Major findings of operations		
16. Informant	Willian Crisfie	*********************	is ad	Autopsy results	which death should be charged sta	
17(Burial, cremation Cemetery or cremate Location	or removal. Which?) Sunnyri Crisfi	ldge J	June 3 1945 (month) (day) (year) Park cemetery Md	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of(County)	State)
18. Funeral director	John A		lshaw Md	Means of injury  23. SIGNATURE & & A	Injured at work?	
19. (If the rec'd by re	Z. 19 44 4		bekaut Registra	23. 51044 742	M. D. or	



. Da. 1970 Ballon Ville Ching Chen China

2411 N. Charles St., Baltimore 131-0

-	06338
Reg. Dist.	561

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)  State County County
Cliy or town (If outside city or town limits, write RURAL and give nearest town)	Robert Mid.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Heorge Heath	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored midomes	20. DATE OF DEATH Succes 4 4 5 1945 at 900 M
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife Autographyland Modernia	May 15 1945 to Less 4 1944
7. Birth date of	and that I last saw h. alive on 2 4
deceased (mo., day, yr.) MAS   8 - 8 9	Immediate cause of death
6. AGE.	a cut Del of secret 1 les
26 2 16nln.	
9. Birthplace (Town, county, and state)	Due to Clumo Suf replules
	Issue massally
10. Usual occupation	Due to figure and lite allender
11. Industry or business	7 Debility
12. Name 12.	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name 1 11. See Dashield	Major findings of operations.
15. Birthplace Somewhat co ma	Date of op.
16. Informant Louise Dueson	Antopsy results.
Address 1834 Has Con ST Phila Pa.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
1 0 1810,16-	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or romoval. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Market Mark	Injured at home, farm, Industry, public place (where?)
P1 . & 11	Means of Injury Injured at work?
18. Funeral director	1. 00
Address Marion So, Min	23. SIGNATURE LEGGE & Orellum.
19 619 1944 Gurdin 10, Lawren	M, D, or other
19. (Date rec'd by registrar) Registrar	Address Date signed Miles Is To

JUN 22 1945 BURRAU V.S.

2411 N. Charles St., Baltimore 370

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leg. D	lat. I	Vo.	16	1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF		
County Omesset	(For newborn infants give residence of a		
City or town (If outside city or town limits write RURAL and give nearest town)	State		
How long in above place of death? - about 47 years -	City or towo	write RURAL and give nearest town)	•••••
Hospital, Institution, or street address where death occurred:	Street No		
at nome - Westover, md	(If rural, give		•••••
Now long in hospital or institution?	2.(a) If veteran, oame war	***************************************	
3. (a) FULL NAME	_	3. (b) Social Security Number	
Henrietta Hi	enter	none	
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
James le Coloned Yle dans			A -
Temase order prairie	20. DATE DE DEATH JULIAN 25		AM
8.(b) Name of husband or wife Last husband - Bell	21, I CERTIFY that death occurred on the date above		
Munter)	Jace / 195	//	43
7. Birth date of deceased (mo., day, yr.) I were 1st 1874	and that I last saw h allve on	./5	73
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death		
	acuto Del 7'4e	it 1 les	,
1/2frs 24asehrsmin.	,		
9. Birthplace Offerd, Talbet Go. Md	Due to Clames duf regland	n 6mm	ll
(Town, county, and state)	Olane mpreud	4	*******
1D. Usual occupation. Wilsemife.	Due to	***************************************	***********
11. Industry or business			**********
12. Name 20 not know	Other conditions Level Certico	Selvas Kens	
X 13. Birthplace Do not know	V		
14. Malden name No not know	(Include pregnancy within 8 m	onths of death)	
5 2	Major findings of operations	***************************************	***********
\$ 15. Birthplace not known.	***************************************	Date of op	
16. Informant Association Commence	Antopsy results		
Address Westover md.	PHYSICIAN: Flease underline the cause to whi	ch death should be charged statistically.	
" Your is " " Que 277 194	22. VIOLENCE: If death was due to external caus	es, fill in the following;	
(Burlai, cremation, or removal, Which?)  Date thereof. (mouth) (day) (year)	Accident, suicide, or homicide	Date of	••••••
Cemetery or crematory Walles Chapel	Where did injury occur?(City or town)	(County) (State)	***********
Location of ingston mid.	Injured at home, farm, Industry, public place (who		
18. Funeral director of the Dilahman	Means of Injury	Injured at work?	
m	6 00		
Address Marion Ma.	23. SIGNATURE ORCEGE COCO	ullasson Iss à	
19. lef V6 1945 Jenelia 1 tawson	V 22111 28 2	M. D. er other	10
(Date recki by registrar)	Address Marion Oto De	Date signed 64	2

JUL 5 1945
RUREAU V.S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 2411 N. Charles St., Baltimore (33d) CERTIFICATE OF DEATH

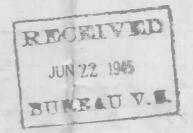
1. PLACE OF DEATH.  County Of town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
4. Sex J. Color or race 6. (4) Single, married, widowed, or divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION
B.(6) Name of husband or wife	2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day  hrsmin.	and that I last saw h
9. Birthplace Mt Uerrow (Town, coupty, and state)  1D. Usual occupation House arry a	Due to
11. Industry or business  12. Name	Dither conditions
14. Maiden name Tachel  15. Birthniace mt Uerun md  18. Informant Mellie Smilk	Major findings of operations
Address  17. (Burial, cremation, or semoval Wilch?)  Cemetery or crematory.  Address  Date thereof. (mostly) (uar) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Losation Male Pushed  Address Peress Que	Injured at home, farm, Industry, public place (where?)
Dunc 18 19 45 R.H. Johnson  (Dnte rec'd by registra)  (Dnte rec'd by registra)  Registrar	Address Date signed XX

JUN 22 1945

2411 N. Charles St., Baltimore 13/0

-1	06	341
Reg.	Dist.	No. 261

	Reg. Dist. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
mary Jones	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	/ MEDICAL CERTIFICATION
frem caland praviled	20. OATE OF DEATH Secret (8" 19 45 21 11 10 A. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Justiended deceased from
6.(c) If alive, give age 6.2 years	June 1 1985 10 June 18 18 Stor
	and thet I last vaw hou alive on face 17 1955
ueceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	acula Del of Heat
65 9 10hrsmln.	urence
9. Birthplace Musican somewat co Ind	Due to
1D. Usual occupation.	Oue 1 Chris dut copule years
11. Industry or business	Clarace representation
12. Name Street Street And 13. Birthplace marion somewit on ma	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Omis Outen  15. Birthplace Marion Someway Co mo	Major fiadings of operations.
15. Birthplace marion somerand co mo	Date of op.
16. Informant Carpeld Jones	Autopsy results.
	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Address Marion Mo-	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof, (month) (day) (year)	Accident, suicide, or homicide
10 ( 1 )	The state of the s
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Modeling Man	Injured at home, farm, industry, public place (where?)
18. Funeral director 6 has H Ward	Masne of Injury Injured at work?
Address marion mar	23. SIGNATURE Society Quelleum no 5
19. (Date rec'd by registrar) 1945 Aurelia 7. Facers	Address Date Signed Date signed have to the

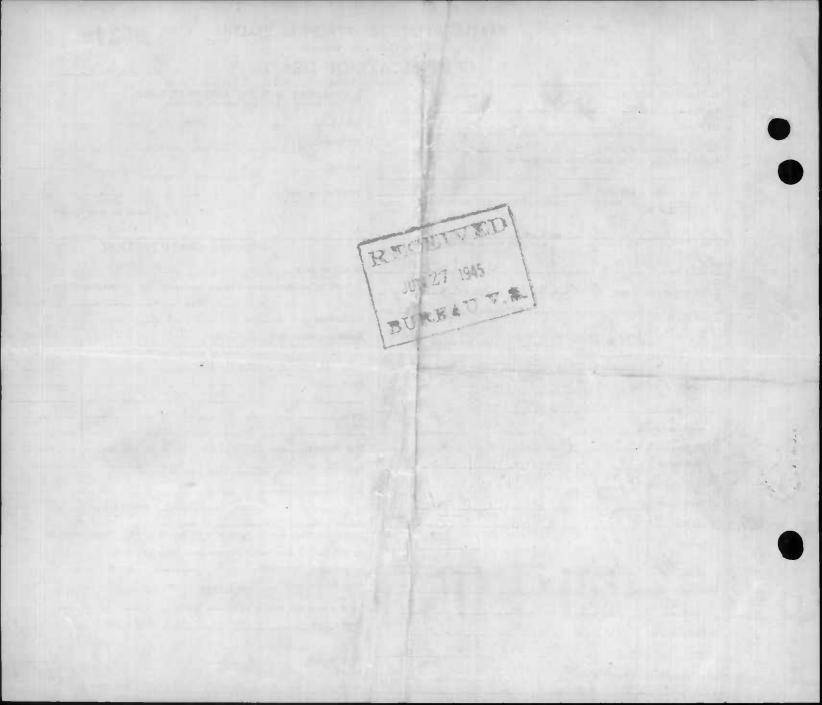


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#### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

06342 Reg. Diet. No. 360

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State County Acceptant
City or fown	
How long in above place of death? 33 yrs.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, tostitution, or street address where death dccurred:	Sireet No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Ferry Col. Widow	
June 100. Widow	20. DATE OF DEATH. duna 25 1945 21 /2: 30 M
8,(b) Name of husband or wife A any Advers	21. I CERTIFY that death occurred on the date above slated; that I altended deceased tram
	April 20 1942, 10 tours 25 19 45
7. Birth date of deceased (mo., day, yr.) 6-t-22, 1886	and thet I last saw h.ex alive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
6883min.	Chronic Myscarlitis Spars
Dagina by Mart 1. ( he are also	
9. 8irthplace. OCUME Re. M. A. W. October (Town, county, and state)	Due to
10. Usual occupation house maid	
11. Industry or business	Due to
	Other conditions Diabetes Mallitus 8 pars
12. Name Sneed waters  13. Birthplace Poermore modes occase	
4 4 6	(Include pregnancy within 3 months of death)
14. Malden name Ansul E. Muray	Major findings of operations.
\$ 15. Birthpiace Caroline Cost	Dale of op.
16. informant I lorence U. Waters	Autopsy results
Address Pacomy to ond.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1 0 1 25 16.	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?)	Accident, evicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Oxiola gad	Injured at home, farm, industry, public place (where?)
20 11	Meens of injury Injured at work?
18. Funeral director. A.	0 0 0
Address Marion Marion	23, SIGNATURE COME de 18 James man
10 June 26, 1945 K. D. Johnson	M. D. or other
(Date rec'd by registrar)	Address 1 u. auce 1706 Date signed 6:20.45



2411 N. Charles St., Baltimore 170-0

#### CERTIFICATE OF DEATH

#6343<sub>2</sub>70
Reg. Diat. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Somerset				MQ Somerset
City or town (If outside city or town limits, write RURAL and give nearest town)			RAI, and advancement town	Crisfiel d
How long in above place of death?			fe	City or towe (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or s			<del></del>	(if outside city or town limits, write RURAL and give nearest town)
	eady Men			Street No. R.F.D.
How long in hospital or le	-	_	100000000000000000000000000000000000000	(if ratal, give LOCATION)
	astituiton?	,		2.(a) If veleran, name war
3. (a) FULL NAME	Whelton	T. 1/10	Cready	3. (b) Social Security Number
				218-01-2499
	5. Color or race		married, widowed, or divorced	MEDICAL CERTIFICATION
male	white	divo	rced	20. DATE DF DEATH June 25, 1945
				20. DATE DF DEATH 19 at
6.(b) Name of husband or	r wife	********************	***************************************	Was Stade Without
7. Birth date of			If alive, give ageyears	and that I last saw hA Tive G 1 COOO 19
deceased (mo., day, yr.)	sept.	1,191	2	4
8. AGE: Years	Months	Days	It less than one day	Immediate cone of path
32	9	23		N
C	risfield	líd.		Vice I I was
9. Birthplace	risfield (Town.	county, and ets	ite)	00010
10. Usual occupation				O Colonia Colo
11. Industry or business	saltz I		ure Co.	Due to
(t) hadden, c occurred				
E Aniariala III			Md.	Pther condition
				(Include pregnated and a stokes Contibourn, M. D.
# 14. Malden name Nancy B. Whealton			***************************************	Major fiedings of operations DEPUTY MEDICAL EXAMINER
Nancy B. Whealton  14. Malden name Crisfield, Md.			Md.	
	Nanev I	B. McC	ready	FOR SOMERSET COUNTY, MD
16. informantRFD	Cristia	eld, M	ready	PHYSICIAN: Please anderline the cause to which death should be cherged statistically.
Address				22. VIOLENCE: If death was due to external causes, all an the following;
17. Buri	81	Date thereof	6/27/45 (month) (day) (year)	Accidence subside or bombide CCO CO Date of 21/X
				LEA MONEY LOVE IN
Cemetery or crematory American Legion				(City or town) (State)
Location Crisfield, Md.			O •	Injured at home, farm, industry, public place (where?)
Howard H. Hubbard			rd	destructive to the triple of the state of th
306 Main St., Crisfield, Md			Crisfield, Mo	. Showed as well
Address			.0	23. SIGNUE TO TO COULDOURUNG A
19. 9/27	19 9/27/450 & E Colling M. A.			M/D, or other
(Date rec'd by regis	strar)		Registrar	Addres Ourolines Nut Date 6 2 1/40



PLEASE

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

06344

Reg. Dist. No. 265

1. PLACE OF DEA	Son	erset			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	DITT	AL, C	risfield		State Maryland County Somerset	**********
(If or	tside city or town li	nits, write F	CURAL and give nearest	town)	Crisfield (If outside city or town limits, write RURAL and give nearest town)	
How tong in above place	of death?	~~~				1
Hospital, Institution, or	streel address where	eath occurred	1:		Street No. 948 W. Broad Street	
		*************	***************************************		(If rurai, give LOCATION)	
How long in hospital or	Institution?	***************************************	***************************************		2.(d) If veteran, name war	
3. (a) FULL NAME		Johr	Perry Jr.		3.(b) Social Security Number	
4. Sex "	5. Color or race	7 6.(a) Singl	e, married, widowed, or divorc	ed .	MEDICAL CERTIFICATION	- 12
14-1-	Colomod		Odnala	100		(0/20
Male	Colored	.1	Single		20. DATE OF DEATH. 19. 45 . 91	Им
6.(b) Name of husband of	or wife				11. I CERTIFY that death occurred on the date above stated; that nattended deceased from	
		a a		,		)
7. Birth date of			c) It alive, give age	years	and that I last On Courte at 15	l
deceased (mo., day, yr				***************************************	Immediate care of death DUR	ATION
8. AGE: Years	Months	Days	tf less than one day		Tell of boracel	
3	2	20	hrs	mln.	V 11 1 1 2 2 1	
8. Birthplace En 1	zabeth	ity,	North Caro	olina	white and our sogo	
10. Usuat occupation						
10. Usuat occupation		*************		***************************************	Bue 10	TO:-
11. Industry or business					The second should	
E 12 Name John Perry				***********	Other conditions of the Courthousers,	R
3. Birthplace Crisfield, Maeyland			Maeyland		W KB-7 H' COM EXAMINA	ADa_
14. Maiden name Lucile Atkins			ıs		(Include pregnancy within 3 months of death)	
15. Birthplace		***	Virginia		Major findings of aperations	*****
≥   15. Birthplace					Other conditions.  (Include pregnancy within amonths of death) CAL EVANING  Major findings of operations.  DEPUTY To the of op.  Antopsy results.	
16. Informant	Lucile	Atkli	18		Major findings of operations.  DEPUTY  Major findings of operations.  DEPUTY  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically	
Address	Broad S	it., (	crisfield,	wd.	PHYSICIAN: Please underline the cause to which death should be charged statistically	
4.2	Burial	D. 4. 45	27	1945	22. VIOLENCE: 11 death was due to external causes, fill in the tolowing:	45
17(Burial, cremation,			(month) (day)	(year)	Accident, sulcide hamicid	4. 1
Cemetery or cremator	Hopwel]	. Ceme	etery	*	Where did tofury decur	
Location	RURAL.	Crist	field, Md.		Injured hone, darm, Industry, public Dace (where?)	*******
	*****		· · · · · · · · · · · · · · · · · · ·	****************	Means of mour A The Smith Lark?	
18. Funeral director H. Harvey Bradshaw			Charles and the Control of the Contr		Musike and	
Address	Address Crisfield, Maryland			^	23. SONITURE	
19. (Date rec'd by reg	k.S19	6 8	5 Callins	h Registrar	restrict the Del Repair selection	27/2

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JUL 7 1945

BUREAU V.E.

2411 N. Charles St., Baltimore ?

#### CERTIFICATE OF DEATH

06345 og. Dist. No. 265

	Reg. Dist. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants the residence of mother)	
County Daniel	marilant 10 00	sout
City or town	State County County	and the state of t
Now long in above place of death? 30 years	City or town. Contained on town limits, write RUKAL and give n	eareat town)
Hospital, institution, or street address where death occurred:	Sfreet No.	
	(If rural, give LOCATION)	******
How long in hospital or institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME	3. (b) Social Securit	y Number
Ledney Fairfox Revell		
4. Sex 5. Color or race 6. (d) Single, married, wildowed, or diverced	MEDICAL CERTIFICATION	
male white widowed		
*		at
6.(5) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended dec	
7. Birth date of		
deceased (mo., day, yr.) Cless. 10th 1855	and that I last saw halive by	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DURATION
8 9 16hrsmin.	1) fut	1.2 ano.
ma		***************************************
9. Birthplace (Town, county, and state)	Due to	***************************************
10. Usual occupation Milrofold VIII	Post is	
11. Industry or business	Due to	••••
12. Name John Revell	Other conditions.	
12. Name John Revell 13. Birthplace Md		***
	(Include pregnancy within 3 months of death)	
HE 14. Malden name Mory Sollett  15. Birthplace MA	Major findings of operations	
₹ 15. Birthplace	Date of op	
16. Informant Mirs & Felorence Collins	Antopsy results	
Address Pame	PHYSICIAN: Please underline the cause to which death shund be charged	d statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Buttol Date thereof (month) (day) (year)	Accident, suicide, or homicide Date of	
Cemetery or crematery Marcul	Where did injury occur?	(State)
Location Mean Prinsenfernie	Injured at home, farm, Industry, public place (where?)	
DM Ane Xh	Meens of Injury Injured at work?	
18. Funeral director	001 -1	
Address Princes (emp	S. D. S.	
" June 111 . 45 831 Valorel	23 GNATURE M. D.	. or other
(Date rec'd hy registrar)	Address James Chang Date signed	6/11-40



#### 2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If ontside city or town limits, write RURAL and give nearest town)	State County Academy
How long in above place of death?	(If nutside city or town limits, writs RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Sallie Roberty	212-16-7297
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Frem colored wedower	20. DATE DF DEATE DELIN 16. 1945 , 21/1 10 0 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that/l attended deceased from
	my 1 19/45, 10 Ser 16 19 43
7. Birth date of	and that I last saw here alive on 15-
deceased (mo., day, yr.) Mas 24 - 1879	Immediate cause of death
8. AGE: Years Months Days If less than one day	and De y dent
72 2 32hrsmin.	memo 10 ago
9. Birthplace (Town, county, and state)	Due to Classic Set regreels
10. Usual occupation Hanse was	Ja ylde
	Due to Clare regardles
11. Industry or business	
12. Name Frank White 13. Birthplace Gestoves Somewat co MS	Dther conditions
13. Birthplace Greatures Somerat co ma	(Include pregnancy within 8 months of death)
E 14. Maiden name.	Major fiadings of operations
15. Birthplace / vertones domernet ca Md	Date of op.
16. Informant & las auce Stense	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Matsion Ind	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory & State of State	Where did injury occur?
Location bectone md	Injured at home, farm, industry, public place (where?)
18. Funeral director Lands As Usana	Means of Injury Injured at work?
Address Magica mdn	8 00 111 2.3
61.0	23. SIGNATURE LUCY CUILLAND M. D. or other
19. (Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address Olysin to me Date signed Sine 18 45'

y Number

RIMOROTYCE

JUN 22 1945

BURBAU V.S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		()	260
Reg.	Dist.	No	260

age is shown on FILM NO G 95 . HIN 1 9 1945

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborg/infants give residence of mother)
City or town East Princes arme med.	md la sect o
City or town	State County County
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
	Sirest No
How  5ng in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lillie Virginia Ross	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female while Smale	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death of curred on the date above stated; that I attended deceased from
7. Birth date of 7 0	and that I last saw haline on
deceased (mo., day, yr.) Dec 13, 1867	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
& 1 80	
9. Birtholace Princes arme, Someset md.	
9. Birthplace. (Town. county, and state)	Due to
10. Usuai occupation A Cliff	
11. Industry or business / House Wark	Due to
	8- 0-6
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dther conditions
13. Birthplace Jonessef W. M.	(Include pregnancy within 3 months of death)
14. Maiden name Mauldu a nyden	
15. Birthplace Samespet Col 2nd.	Major findings of operations.
In illused Rach	
16. Informant	Autopsy results
Address frages time ma	
17 Source Date thereof June 14, 1945	22. VIOLENCE: If death was due to external causes, flii in the following:
(Buriai, cremation, or removal, Whio)(?) (month) (dny) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Princedo (time: Int	Injured at home, farm, industry, public place (where?)
18 Francisco Dale Remarkall	Means of injury Injured at work?
18. Funeral disorder A.	901'-1
Address / Concess Anny And	23. SIGHTURE 1. Hinsch
19 penela 1975 Kod Johnson	M. D. or other
(Dato rec'd by registrat)	Address Date signed



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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore (3) CERTIFICATE OF DEATH

06348

127.	011
Reg. Dist.	No. 46

County Somerset	(For newborn infants give residence of mother)
Marion	State Md County Somerset
City or fown	City or town. (If outside city or town limits, write RURAL and give nearest town)  Street No
Now long in hospifal or institution?	(If rural, give LOCATION) 2.(a) If veleran, name war
3. (a) FULL NAME  Mary Edna Tyler	3. (b) Social Security Number
4. Ser   5. Color or race   6.(a)Single, merried, widowed, or divorced   Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH SULL 16 1945 21 3 8 M
6.(b) Name of husbaod or wife. Edward P Tyler	21_I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 21 1870	and that I last saw h. 4 allve on Plantic 16 1943
8. AGE: Years Mooths Days If less than one day 75 0 25	Immediate cause of death DURATION  Light DO Microff Light Days.
9. Birthplace Crisfield Somerset Maryland (Town, county, and state) Housewife	Due to Glasso Orlew Sclasso
11, Industry or business	- Dec (0
Edward Bloxom  12. Name Edward Ploxom  Va.	Dther conditions
	(Iuclude pregnancy within 3 months of death)
14. Maiden name. Nancy Lawson 15. Birthplace Crisfield Md	Major findings of operations
16. Informant Mrs Grover Somers  Address Marion Md	Autopsy results
Burial Dale thereof June 18 194 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory. Sunnyridge cemetery  Crisfield Md	Where did injury occur?
H Harvey Bradshaw	Means of Injury Injured at work?
16. Funeral director	4 .000 .11
19. Class rec'oby registrar) 1944 - Turelia / Taux	23. SIGNATURE DELLE COULDN'S M. D. of other  M. D. of other  Address MASION POS Date signed M. S. 45.

JUN 22 1945 BURBAU V.R.

2411 N. Charles St., Baltimere

#### Bil

#### CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: County Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infacts give residence of mother)
Chance	Stale County Somerset
City or town	City or lown
HOSPITAL HISTITUTION, OF STICEL AUTESS WHELE GEATH OCCUREGE.	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME  Isaac Waller	3.(b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION //:/5" A M
Male White Married	20. DATE DE DEATH. June 19 1974 18 40 at 11:15 M
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
71. Sirih dale of deceased (mo., day, yr.) Sept 25 1867 1866	and that flast saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION  Arturo cluste that 4 year
Chance Somerset Maryland	Duray
9. Birthplace	Due to
(Town, county, and state) Waterman	
10. Uso2i occupation	Doe 10
11. Indostry or business	
Isaac Waller	Other conditions
12. Hame Isaac Waller Salisbury Md	
14. Maiden name. Susan Arnold ? Va	(Inclode pregnacey within 3 months of death)  Major findings of operations.
15. Birthplace ? Va	Pale of on
16. Informant Mrs Emma Waller	
Address Chance Md	Actorsy resolts
Burial  (Burial, cremation, or removal, Which?)  Dale thereof. June 22 194  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Pook Amook Comtoms	
	Where did injury occur? (City or towo) (Coooty) (State)
Location Chance Md	Injured at home, farm, lodustry, public place (where?)
18. Funeral director. H Harvey Bradshaw	Means of injury injured at work?
Address Crisfield/Md/	to be wester with
(Date ree'd by registrate)  (Registrate)	13. SPATURE To ank water bus
(Date rec'd by registrar) Registrar	Address



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



## Reg. Dist. No. 360

	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Digneral	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give pearest town)
Hospital, institution, or stroot address where death occurred:	Street No.
	(If rural, givo LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Grand D. White	eron !
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W married	20. DATE OF BEATH June 14, 1945 1945 219 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(c) If alive, give age 37, years	00 - 18 45 to June 14 19 45
7. Birth date of deceased (mo., day, yr.) Fell-, le 1914	and that I last saw h examine on June 14 1925
8. AGE: Years   Months   Days   If loss than one day	Immediate caose of death BURATION
31 4 8nrsmin.	Carcinonia Luaritata
9. Birthplace Philadelphia, Pa.	Specific grame
9. Birthplace (Town, county, and state)	Due to Will There was a succession
10. Usual occupation. Howevile	
11. Industry or business	Due to
# 12 Name William Schalter	Dther conditions
\$ 13. Birthplaco Philadelphia Phi	VIII VIII VIII VIII VIII VIII VIII VII
# 14. Maiden namo Gela Comerchano	(Include pregnancy within 3 months of death)
14. Maiden name Gulla Chamersham'  15. Birthplace Philadelphia Pa	Mijer fiedings of operations The Comparagraph
16. informant. W. Illiam white.	Actopsy results Not Mork
Address Princeso Come. md.	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
P : 0 A M Date	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicido, or homicide
Cemetery or crematory Illande Cemetery	Where did injury occur?
Location Luces of the Location	Injured at home, farm, industry, public placo (where?)
18. Funeral director Dale Dashull -	Means of Injury injured at work?
/+0. C- 10 0.	2110
Address Suces graff pril.	23. SIGNIUBE LOT Storm M. D.
19. Lyal 15.19.45 N.O. Johnson	M. D. od other
(Registrar)	Aldross Date signed Date signed

